

Lapied March 20th 1827
W. & H.

A Thesis

on

Phlegmasia Dolens

By

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of Virginia

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Phlegmasia Dolens.

This disease has long been known to the medical world. It was however very little understood, until Mr White published his treatise on this disease in 1784. Since that time many other able papers on it have been published and its history, causes, nature and treatment better explained and understood.

Dioscorides and the early French and German writers held very erroneous opinions concerning its cause. They ascribed the swelling to a redundancy of milk, and a morbid deposition of it, in the cellular membrane of the lower

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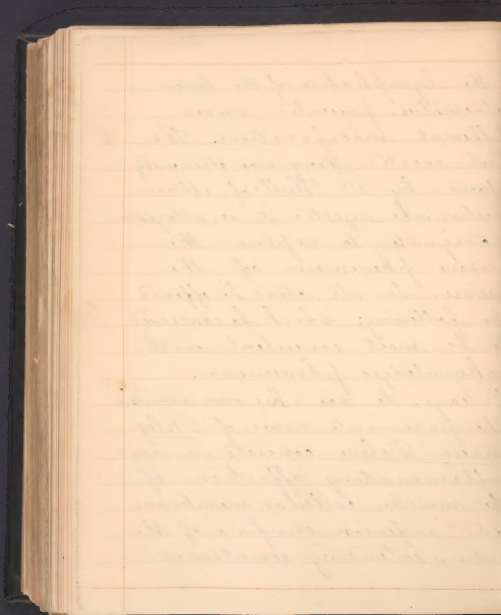
extremities. Consequently, they
conferred various appellations
on it, indicative of its cause,
such as dépôt du lait,
adema lacteum &c. But a
stricter attention to, and farther
experience in this disease,
have shewn that it has very
little connection with lactescent
secretion. For it has occurred
where the breasts have been
destitute of milk and where
they have overflowed; in those
who nursed children and
in those who did not, and
sometimes, though rarely, in
Abortions, when no milk was
secreted. Indeed it has even
occurred in males, of which

fact there are several cases recorded, and substantiated by the highest medical authority. Another theory was advanced by Mauriceau, Menard and others, who attributed this disease to a suppression of the lochia and a metastasis of it to the lower extremities.

But this theory appears so unfounded, that it hardly requires a refutation and is indeed now, abandoned by all good writers on the subject. The latest and best writers on this disease, have renounced these theories as erroneous, and nearly all concur in deriving it from some affection

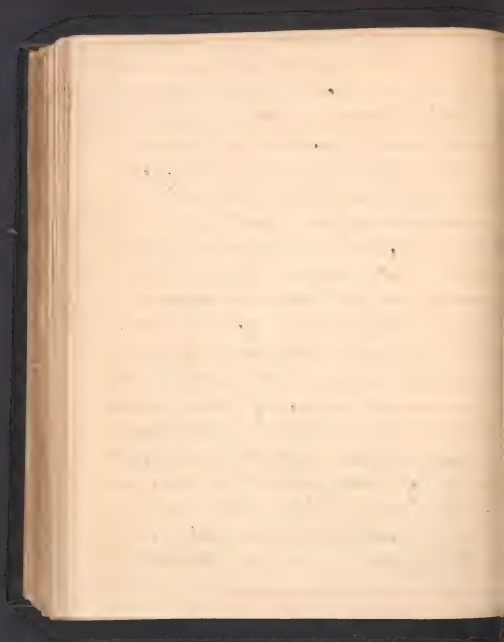
of the lymphatics of the lower extremities, presented under different modifications. The last recited theory was strenuously opposed by Dr Hull of Manchester, who rejected it as altogether inadequate to explain the various phenomena of the disease. In its stead he offered the following; which he conceived to be most consistent with acknowledged phenomena.

He says, to use his own words, "the proximate cause of Phleg-macia Dolens consists in an inflammatory affection of the muscles, cellular membrane and inferior surface of the cutis, extending sometimes



to all the other parts of the
limb; producing suddenly a
considerable effusion of serum
and coagulating lymph. from
the exhalants into the cellular
membrane of the limb".

Very different views of this disease,
have been taken by a late
writer in the medic-chirurgi-
cal transactions of London.
He endeavours to show by post
mortem examination that the
proximate cause of Phlegmasia
Dolens is a violent inflammation
of one or more of the principal
veins of the pelvis. In consequence
of this, their diameters are en-
tirely obliterated, or so greatly
diminished as to be totally



unable to perform their functions. These views may appear exceedingly plausible; and are supported by the diseased condition of the veins as displayed by his accurate dissections; yet it is not a necessary consequence, that they are the primary seat of the disease. Indeed, there are many phenomena, exhibited in the various forms of the disease, which are inexplicable on such a theory.

He remarks that the pain in Phlegmasia Dolens, generally commences in the groin or in the veins of the pelvis, occasioned by pressure during



the last months of utero-gestation. But in many instances recorded by writers and indeed in one of the four cases related by Dr Davis himself, the pain was first felt in the calf of the leg or some other part of the inferior extremity. It has indeed occurred independently of every circumstance connected with labour. He farther states that it is seldom known to attack the same extremity more than once: Because the large veins of the pelvis, by the inflammation, are totally obstructed, converted into a ligamentous structure



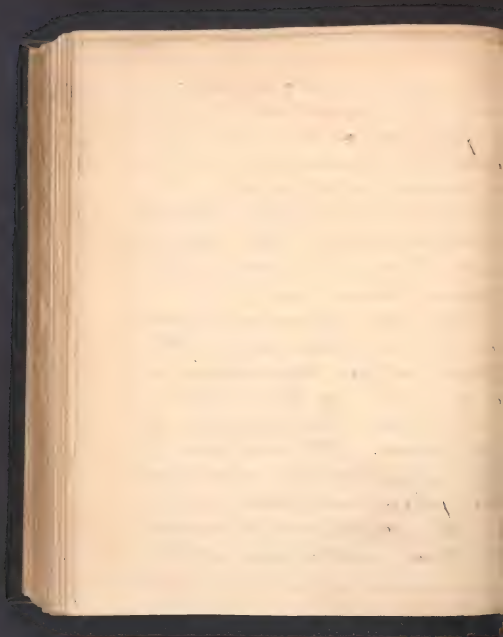
and thus rendered unsusceptible of a similar disease in future. From this circumstance, which he has stated as a fact, he deduces the conclusion, that after an extremity has been once thoroughly affected by the disease, the circulation must be carried on in future by an extensive anastomosis.

If this doctrine advanced by Dr Davis be true, a varicose enlargement and an organic derangement must inevitably result. But this statement does not appear to accord with the general facts related on the subject.



For numerous cases are recorded, where the patient recovers the perfect use of the limb, free from any permanent disease or varicose state of the blood vessels. Dr Davis incise himself & acknowledges that these appearances have not invariably presented themselves.

have thus enumerated the
few leading theories of this
disease, all of them derived
from some of the known
and obvious phenomena of
this disease. All are more or
less objectionable and require
sub proce and must await
further disquisitions to reveal
the true pathology. After



all that has been said and written on this obscure subject, are we not entitled to believe in the existence of an inflammation of the serous capillaries as the first step in the formation of the disease, and that in consequence of it there ensues an effusion of lymph or serum or both into the cellular tissue.

With these few preliminary remarks I shall proceed to treat of the disease as it generally occurs.

Phlegmasia Dolens is a disease of rare occurrence. For out of 1897 women delivered at the Westminster general dispen-



salary, five only were attacked with it; and of 8000 delivered at the Manchester lying-in hospital not more than four were seized with it.

Dr Thomas observes that during a practice of 45 years only three cases have fallen under his care. In this country Dr Hosack has seen about ten cases and Dr Chapman mentions, in one of his notes on Burns Midwifery, that two cases only had occurred in his practice.

It has been asserted by several eminent writers, that this disease belongs exclusively to the puerperal state and has generally



been included by writers on Midwifery among the diseases incident to lying-in women. That it generally occurs in women cannot be denied, but that it has happened to males is incontrovertibly proved by Ferriar and Thomas in England and Francis and Hosack in America.

Concerning the causes of this disease writers differ as much as they do about its pathology. Mr White who published the first regular treatise on the disease, attributed it to the rupture of a lymphatic, by the pressure of the child's head through the pelvis. While Mr Trogue who succeeded him con-



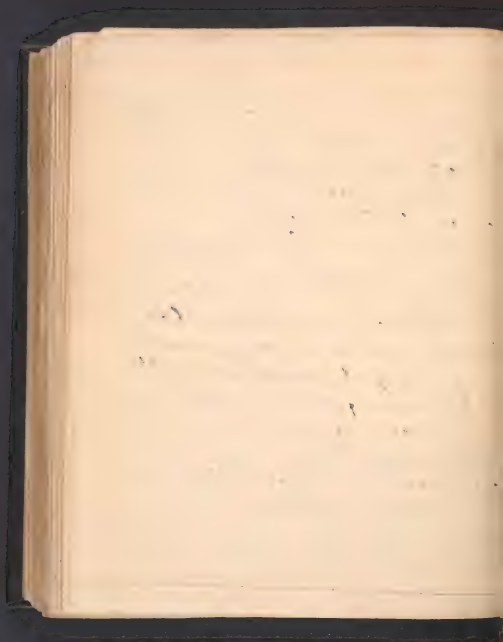
siders an obstruction of the lymphatics to be its cause. Dr Denman again believes the disease to arise from the absorption of the vitiated discharges of the uterus. On the other hand Dr Davis refers it to the pressure of the veins of the pelvis during the latter months of pregnancy. But this complaint follows easy as well as difficult labours. It has been even known to take place many days after the lochial discharge had totally ceased and it very rarely appears after diseases of the uterus. Moreover this disease is not confined to females, as in the cases recorded



by Ferriar, Thomas, Hull and others, it is shown to occasionally appear in males. Laying aside then all these hypotheses, let us endeavour to come at the true cause of this disease.

Considering it a highly inflammatory disease and generally arising in an irritable constitution, we believe that like the phlegmasia generally, its principal causes are cold, stimulating food or drinks and other means of excitement.

Phlegmasia Dolens in puerperal cases, comes on generally about the twelfth or fourteenth day after delivery. It is frequently preceded by pain in the region of the uterus



and rigors followed by fever. Soon after, the patient perceives a pain in some part of the thigh or leg with some degree of soreness and frequently an inability to move the limb. If the limb be examined now, it will be found a little fuller and hotter than natural, and tender to the touch. About 24 hours or a little later, this pain often becomes very severe and even excruciating. Very soon it is followed by a swelling of the limb, attended with an abatement of the pain. The swelling commences generally where the pain was first felt and gradually extends over the whole limb, and to the labium



puddeni of the affected side.

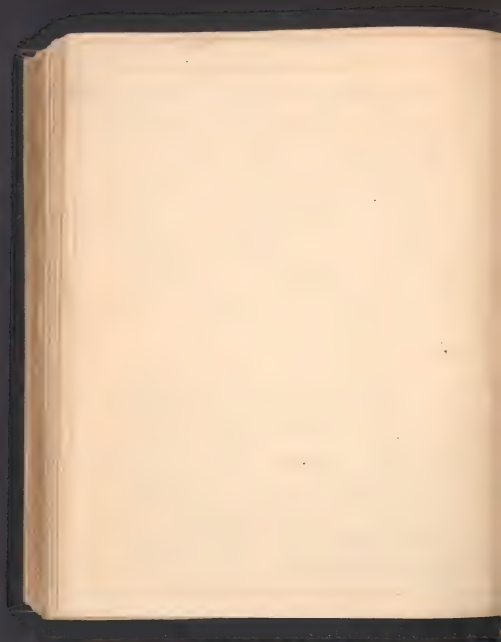
The limb is then tense, of a glossy or shining pale white colour equal to and of double its natural size. It is very hot and the whole surface of the limb insufferably tender to the slightest touch or pressure. The patient is totally unable to move the limb; and every attempt excites a sensation of anguish.

The whole system now becomes affected, there is fever and heat over the whole body; the pulse is very frequent, small and sharp, the tongue white and moist or clammy, the countenance pale and dejected, thirst considerable, no appetite; the patient is costive



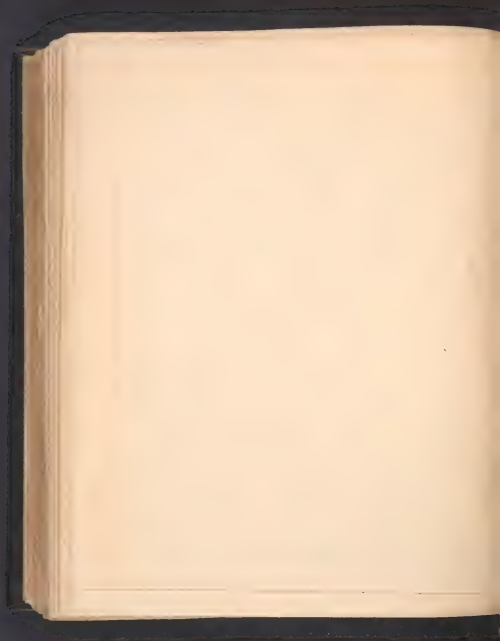
and the feces of a clay colour.
The urine is small in quantity
and of a muddy appearance, and
the lochial discharge offensive to
the smell. The patient is restless
and sleeps but little at night.
The period at which the swelling
reaches its height is various,
but it is often completed in
24 hours, though sometimes a
little longer.

After a few days, generally from
eight to ten, the febrile symptoms
diminish and the pain, swell-
ing, heat, tension and tenderness
abates; but it sometimes happens
that they are more protracted,
particularly the swelling, which
rarely goes off for a length of time.



When the symptoms abate the patient is left debilitated and the limb stiff, heavy, benumbed weak and of difficult movement. One or both legs may be affected or they may be affected successively. When the latter is the case the disease attacks one leg and remains for a certain length of time. The symptoms then abate and the other limb is suddenly and unexpectedly seized and goes through a similar course.

Diagnosis, When Phlegmasia Dolens occurs after labour there is not much difficulty in distinguishing the disease. The time at which it generally appears, the local pain and swellings of its



attack exhibit its character.

The characteristic marks of this disease are the following, a firm glossy, warm, tense, elastic, painful, sudden swelling of a pale white colour.

Mr White considers the swelling of the labium prudenae as an invariable symptom of the disease; and asserts that when one limb only is affected the intumescence is confined so exactly to the labium prudenae of that side, that if a line were drawn from the navel to the anus, it would be found never to go beyond that line. But this is denied by Dr Hume, who says that this particular symptom is not

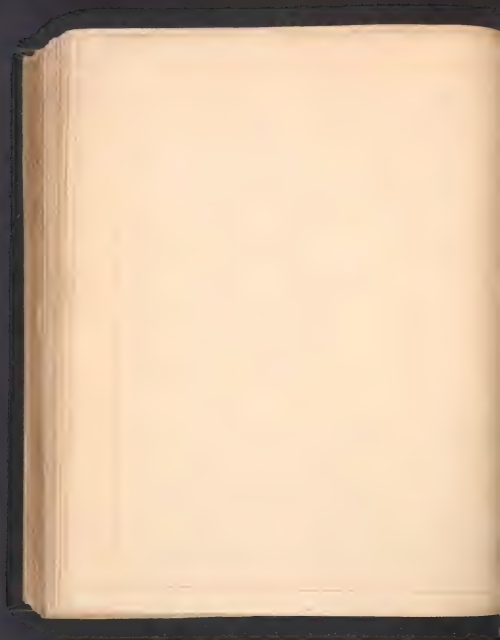


always to be found. For some cases had fallen under his care in which it did not exist.

He therefore concludes that the swelling of the labium praeputi is to be considered rather as marking the extent, than serving to characterize the complaint.

The swelling does not perceptibly lessen by a horizontal position nor does it pit on pressure as in anasarca, but it is equally hard and firm.

Prognosis, Though this disease often creates great alarm in the patient and her friends, and always occasions much pain and suffering, yet on the whole it may be said, that it is not dangerous.



When judiciously treated it rarely
terminates fatally, though often
slow in its progress and tedious
in its cure; and the limb
remains enlarged sometimes for
weeks, months, years and even
for life. This disease also occa-
sionally terminates by suppuration
and mortification. In one
case which occurred to Dr. Mann
of Boston it ended in sphacelus
caused by an incision made in
the limb supposing it to be
adema of the lower extremity.
As this ~~disease~~ disease is rarely a
fatal disease, but few dis-
sections have been made an-
terior to those of Dr. Davis and
those were all conducted and



unsatisfactory. In those made by Dr Davis, the large veins were found thickened, blocked up, lessened in diameter and even obliterated.

Treatment, In this we should pay some regard to the stage of the disease. There are two distinct stages.

In the first or inflammatory stage, those means should be employed, which are calculated to meet both the general and local symptoms. Among the first are venesection, saline purges and such medicines as determine to the skin, as small doses of Antimony or Ipecacuanha or the Acetate of Ammonia.



We meet the local symptoms by topical depletion with leeches applied to the groin and other parts of the limb affected, followed by blisters.

In one of the best regulated lying-in hospitals, in London, it is recommended, to apply flannel well soaked in hot vinegar, to the groin and limb; and it is asserted, that this together with keeping the bowels open, has alone effected a cure. Its beneficial effects Dr James has also experienced in his practice. Dr John Clarke, recommends laying the whole limb in a soft poultice made of dried bran, hot olive oil and soap.

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tees well mixed together. He says that it is very beneficial by keeping up a gentle perspiration, and forms a soft pillow for the leg to rest on.

In the second stage of the disease, when the febrile and inflammatory symptoms have subsided, Dr Hosack recommends small doses of Calomel and Squills, which he says has often proved of advantage. Mr Burns says that a liberal use of solution of Superlustrate of Potash is serviceable at this time, and has often removed the swelling. We should at the same time endeavour to remove the swelling and restore tone to the part, by stimulating liniments,



such as the Volatile or Cam-
phorated liniment, or the Cam-
phorated oil or spirits; followed
by frictions with the hand or
flesh brush and the use of the
flannel roller. If the swelling
should be lingering and much
chronic weakness remain, blis-
ters should here also be applied,
followed by cold bathing or
a warm sea bath or one of
salt and water.

In the first stage the diet
should ~~should~~ be strictly an-
tiphlogistic.

In the second if there is
debility, the moderate use
of wine, a nourishing ^{diet}, and
exercise in the open air,

if practicable should be allowed
and will be found of the
greatest advantage.

